DECLARATION

I, Kebashni Thandrayen declare that this research report is my own work. It is submitted for the degree of Master of Medicine in the branch of Paediatrics at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at this or any other university.

Signature ..........................
Date .............................
DEDICATION

This is dedicated to my family; my father Mr Singaravelu Thandrayen, my mother Mrs Jugdambal Thandrayen and my brothers Dr Manivasan Thandrayen and Kodeesparan Thandrayen.
ABSTRACT

Aim:
To assess the overall quality of child health services provided at primary health care facilities in the Johannesburg metropolitan area.

Objectives:

Primary Objective
To evaluate the quality of clinical care provided by health care workers caring for children; including an assessment of the treatment of common childhood illnesses, counselling and health promotion.

Secondary Objectives
1. To assess the quality of well baby services such as immunisation, growth promotion and developmental monitoring.
2. To assess the availability of drug supplies and equipment.
3. To assess the quality of record keeping.
4. To describe the infrastructure available at health facilities and the availability of services provided to children, including appropriate referral services.

Design:
This was a cross-sectional, observational study over a two-month period conducted at 16 primary health care facilities in the Johannesburg Metropolitan area; four community health centres (CHC) and 12 primary health care (PHC) clinics. A researcher-developed structured checklist, based on national guidelines and protocols was utilised.

Results:
A total of 141 sick child and 149 well child visits were observed. Caregivers experienced long waiting hours (mean [SD] of 135±72 minutes). Many routine examination procedures were poorly performed, with an appropriate diagnosis established in only 77% of consultations. Almost half of the children (46%) received antibiotics; their use was unwarranted in one-third of instances. Health promotion activities (such as growth monitoring) were consistently ignored during sick child visits. The mother or sick child’s HIV status was seldom considered or investigated. At least a third of children requiring cotrimoxazole prophylaxis were not prescribed the antibiotic. Growth promotion and nutritional counselling at well child visits was
generally inadequate with not one of 11 children requiring food supplementation receiving it. The majority of facilities were adequately equipped and well-stocked with drugs. A lack of capacity to manage children with chronic conditions (such as asthma), mental health problems and disabilities exists.

**Conclusion:**
The poor quality of care offered to children in the richest city in Africa is a sad indictment of the inability of health service providers in the city to meaningfully address children’s health needs. Nothing short of a deliberate and radical overhaul in the way that health care is organised for children, with clearly defined and monitored standard clinical practice routines, is likely to significantly change the status quo.
ACKNOWLEDGEMENTS

I gratefully acknowledge and thank

- The Johannesburg Metropolitan health department and the Gauteng Provincial health department for authorising and facilitating the study.
- The clinic staff for their co-operation and willingness to be observed.
- The mothers and children who participated in the study.
- The Deputy Director of Johannesburg Metropolitan health department, Mr Baski Desai
- Assistant Director, Mrs Maureen Rabisowana for her ongoing interest and facilitative input into the study.
- Dr Anitha Moodley for her valuable input and early work on the development of the researcher-developed structured checklist.
- My supervisor Professor Haroon Saloojee for his ongoing support, motivation and supervision.
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<tr>
<td>AIDS</td>
<td>Acquired immunodeficiency syndrome</td>
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<tr>
<td>ART</td>
<td>Antiretroviral therapy</td>
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<tr>
<td>B.Cur</td>
<td>Bachelor of nursing</td>
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<tr>
<td>BCG</td>
<td>Bacillus Calmette-Guerin vaccine</td>
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<tr>
<td>CHCs</td>
<td>Community health centres</td>
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<tr>
<td>DEA</td>
<td>Data envelopment analysis</td>
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<tr>
<td>DOTS</td>
<td>Directly observed therapy- short course</td>
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<tr>
<td>DTP</td>
<td>Diphtheria-tetanus- pertussis vaccine</td>
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<td>EDL</td>
<td>Essential drugs list</td>
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<td>ENAS</td>
<td>Enrolled nursing assistants</td>
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<td>EPI-SA</td>
<td>Expanded Programme on Immunisations-South Africa</td>
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<tr>
<td>GP</td>
<td>General Practitioner</td>
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<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<td>IMCI</td>
<td>Integrated management of childhood illness</td>
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<td>NGO</td>
<td>Non-Governmental organisation</td>
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<td>NGT</td>
<td>Nasogastric tube</td>
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<td>NR</td>
<td>Not recorded</td>
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<tr>
<td>ORS</td>
<td>Oral rehydration solution</td>
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<td>ORT</td>
<td>Oral rehydration therapy</td>
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<td>PCP</td>
<td>Pneumocysitis Jirovecii pneumonia</td>
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<td>PHC</td>
<td>Primary health care</td>
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<td>PPD</td>
<td>Purified protein derivative</td>
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<td>Road to Health Card</td>
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<td>UNICEF</td>
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